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COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, fi and joint inventor (if plural names are listed below) of the subject matter which is claimed and for whi a patent is sought on the invention entitled:

METHOD FOR FABRICATING SEMICONDUCTOR DEVICE AND APPARATUS FOR FABRICATING SAME

the specification	of which: (check one)	Claims. $\mathcal{P}(3)$
	REGULAR OR DESIGN APPLICATION	Informal Dwgs: 3(3) Filed: 12-4-00
[x]	is attached hereto.	
[]	was filed on as application and was amended on (If applicable).	n Serial No.
	PCT FILED APPLICATION ENTERING NATIONAL S	STAGE
	was described and claimed in International application No.	
	and as amended on (if a	ny).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the clai as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Fed Regulations, §1-56.

PRIORITY CLAIM

I hereby claim foreign priority benefits under 35 USC 119 of any foreign application(s) for patent or inventor's certificated below any foreign application for patent or inventor's certificate having a filing of before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION(S)

Country	Application Number	Date of Filing (day, month, year)	Priority Claimed
Japan	11-343510	02/12/1999	Yes

(Complete this part only if this is a continuing application.)

I hereby claim the benefit under 35 USC 120 of any United States application(s) listed below and, insofar as the sumatter of each of the claims of this application is not disclosed in the prior United States application in the manner proby the first paragraph of 35 USC 112, I acknowledge the duty to disclose information which is material to patentabil defined in Title 37 Code of Federal Regulations §1.56 which became available between the filing date of the prior applicant the national or PCT international filing date of this application:

POWER OF ATTORNEY

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

As a named inventor, I hereby appoint the following attorney(s) to prosecute this application and transall business in the Patent and Trademark Office connected therewith: Robert J. PATCH, Reg. No. 17,3 Andrew J. PATCH, Reg. No. 32,925, Robert F. HARGEST, Reg. No. 25,590, Benoît CASTEL, Reg. 135,041, Eric JENSEN, Reg. No. 37,855, and Thomas W. PERKINS, Reg. No. 33,027, c/o YOUNG THOMPSON, Second Floor, 745 South 23rd Street, Arlington, Virginia 22202.

Address all telephone calls to Young & Thompson at 703/521-2297.

I hereby declare that all statements made herein of my own knowledge are true and that all stateme made on information and belief are believed to be true; and further that these statements were me with the knowledge that willful false statements and the like so made are punishable by fine imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such will false statements may jeopardize the validity of the application or any patent issued thereon.

talse statements may jeopardize the validity of the appli	ication or any patent issued thereon.
Full name of sole or first inventor: Koichi OHTO (given name, family name)	
Inventor's signature Koich Ofto	Date 25/11/2000
Residence: Tokyo, Japan	Citizenship: Japanese
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· ·	
Full name of second joint inventor, if any: (given name, family name)	
Inventor's signature	Date
Residence:	Citizenship:
Post Office Address:	
•	*
Full name of third joint inventor, if any: (given name, family name)	
Inventor's signature	Date
Residence:	Citizenship:
Post Office Address:	